



Seabury Hall Soccer Camp - Registration Form 2008

Player (name) _____ / _____
Print Age

Parent (name) _____
Print

Mailing Address _____
City Zip

Home Phone _____ Work Phone _____ Other _____

Emergency (name) _____ Phone _____
Print

√ **My child will ride the bus:** _____ Kihei (New Kalama Park - enter at traffic light)
_____ Kahului (WalMart - corner of Hookele & Pakaula)

√ **T-Shirt size:** _____ Youth S (6-8) _____ Adult S _____ Regular Camp
_____ Youth M (10-12) _____ Adult M _____ Advanced Camp
_____ Youth L (14-16) _____ Adult L _____ Strikers & Goalkeepers

WAIVER: To induce Seabury Hall to accept registration and permit participation in the Soccer Camp by the named individual, I the parent or guardian of said individual, hereby give my consent and agree to release, indemnify and hold harmless Seabury Hall, its officials, coaches, and representatives, from any claim arising out of injury to the named individual and any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise. I hereby give consent for Seabury Hall employees to take appropriate actions for my child's safety and welfare and arrange medical treatment in the event I am unable to do so.

Any medical problems we should know: _____

Physician: _____ Phone _____

Health Insurance: _____ Yes _____ No

_____ Date _____

Parent or Guardian Signature

• **Please include full payment when mailing your Registration Form**

**Seabury Hall Soccer Camp
480 Olinda Road
Makawao, HI 96768**